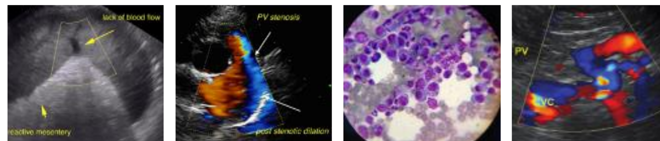
SonoPath
Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Harley Burleson

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carolina Veterinary Mobile

HOSPITAL NAME

Stewart's Mtn. View AH

REFERRING VET

Dr. Jennie Stewart

INVOICE

23054

DATE

6/25/23

PRESENTING CLINICAL SIGNS

History: P presented for weight loss, vomiting, and not eating. ALP, ALT, GGT, Tbili elevated on bloodwork, P is icteric.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.3 cm. The right kidney measured 4.37 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.23 cm. The right adrenal gland measured 0.3 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

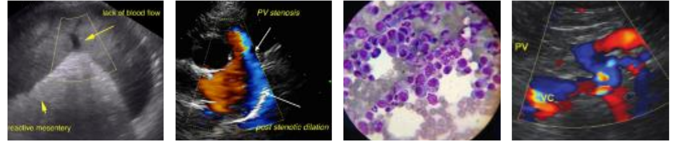
Liver

The **liver** was enlarged/ swollen and hypoechoic. The gallbladder was thickened and overdistended with micropolypoid changes. The cystic duct was dilated, tortuous and echogenic. The common bile duct was thickened (0.35 cm) as well yet not obstructed.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas



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The **pancreas** was hypoechoic to surrounding mesentery and irregular in contour. No overt masses were noted, however, underlying inflammation was present. The pancreatic duct appeared dilated and mildly thickened, similar to the common bile duct.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic swollen liver
- Thickened, overdistended gallbladder with micropolypoid changes
- Tortuous, dilated cystic duct
- Thickened common bile duct
- Hypoechoic pancreas with dilated and thickened pancreatic duct
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At the union of the common bile duct and pancreatic duct there is irregular heterogenous parenchymal tissue noted. No overt masses. This is most consistent with chronic cholangitis/cholangiohepatitis/pancreatitis, however, given the hepatic swelling, I cannot rule out an emerging lymphoma.

I recommend screening FNA of the liver, as well as (if accessible) cholecystocentesis with culture and sensitivity. Subxiphoid palpation is warranted. If sampling is absolutely not an option, I recommend coverage for infectious agents, such as Bartonella and toxoplasmosis with enrofloxacin/clindamycin combination. Supportive care and single dose dexamethasone ¼ mg/kg could also be attempted empirically, however, targeted therapy would be best supported by at least aspirate results. Guarded prognosis.

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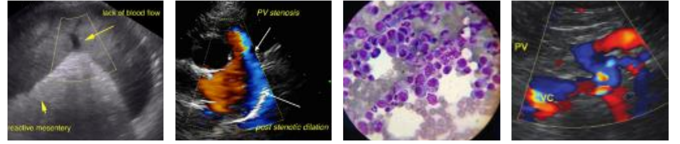

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panc duct
d pap
union cbd/pd
cbdt

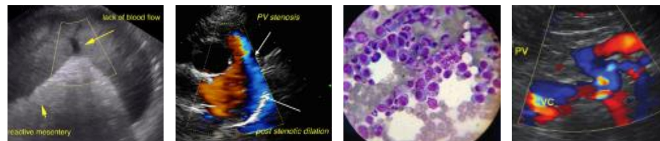
pylorus

pancreas

right adrenal

cbd thickening

cystic duct



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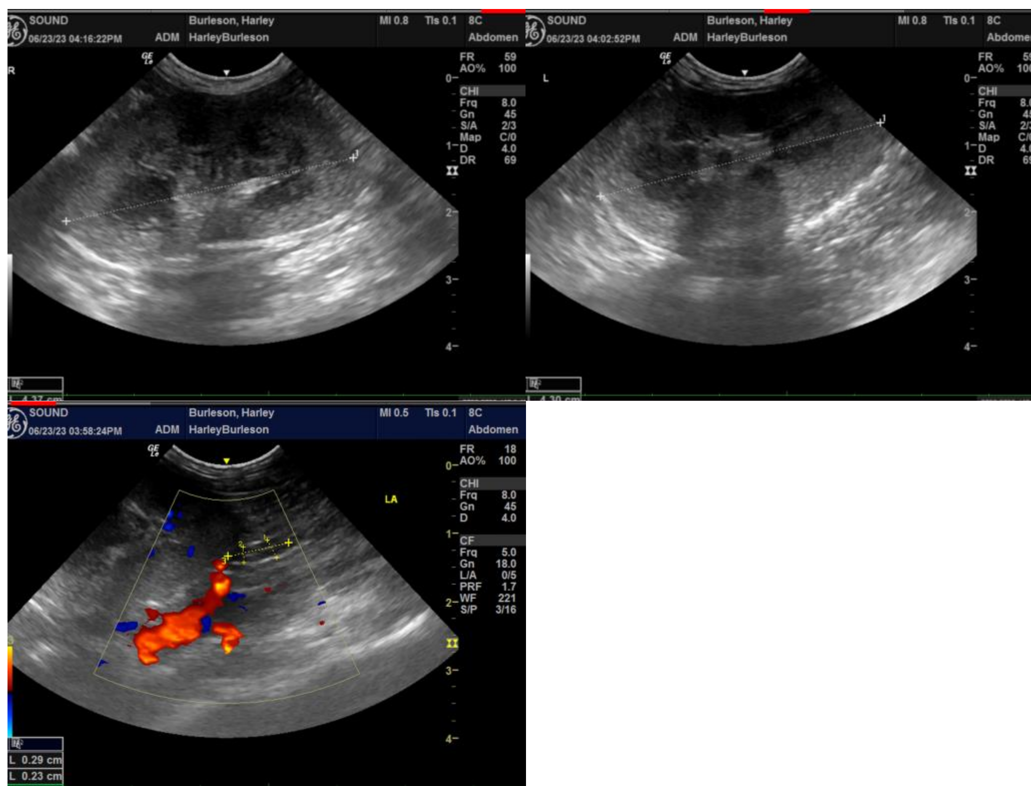

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com